

CHAPTER ADVISER \_\_\_\_\_

NAME OF SCHOOL \_\_\_\_\_

**2003 PBL STATE LEADERSHIP CONFERENCE EVENTS  
SKILL EVENT ENTRY FORM**

**COMPUTER APPLICATIONS (2-Hour Event)**

1. \_\_\_\_\_

2. \_\_\_\_\_

**DESKTOP PUBLISHING (2-Hour Event; 2 participants per team/2 teams)**

1. \_\_\_\_\_ / \_\_\_\_\_

2. \_\_\_\_\_ / \_\_\_\_\_

**WORD PROCESSING (1-Hour Event)**

1. \_\_\_\_\_

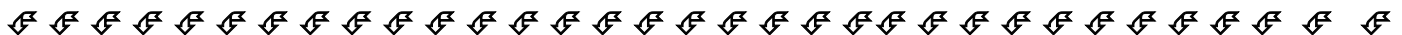
2. \_\_\_\_\_

*Test packets for the above events will be sent to the designated administrator indicated below. Be sure that your participants are current members and have not entered the event at a previous SLC.*

NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_



PLEASE RETURN THIS FORM BY **February 1, 2003** TO:



Arlene Broeker, PBL State Adviser  
Department of Elementary and Secondary Education  
P. O. Box 480  
Jefferson City, MO 65102  
**OR FAX TO: (573) 526-4261**

